EXHIBIT 36



Wholesaler/Distributor Enrollment Form

PAGE 1 OF 4

To enroll in TIRF REMS Access, complete all required fields below and fax pages 1 and 2 to **1-866-822-1487**. You will receive enrollment confirmation via email or fax.

TIRF medicines are available only through a FDA mandated REMS (Risk Evaluation and Mitigation Strategy), a restricted distribution program, called the TIRF REMS Access program. Under the TIRF REMS Access program, only prescribers, pharmacies, wholesalers/distributors, and patients enrolled in the program are able to prescribe, dispense, distribute, purchase, or receive TIRF medicines. Refer to the list of currently approved TIRF products located on the TIRF REMS Access website at www.tirefees.com/tirful/rems/products.action.

Under the TIRF REMS Access program, wholesalers/distributors must verify the current enrollment of a pharmacy in the TIRF REMS Access program prior to distributing a TIRF medicine to that pharmacy. If the pharmacy location is not enrolled, the distributor must not fill any orders for TIRF medicines until enrollment can be confirmed.

The current list of enrolled pharmacies may be accessed via:

- receipt of a complete pharmacy registry daily in a mutually agreed format,
- · a daily download from a secure FTP site,
- a password protected section of the website (www.TIRFREMSaccess.com), or
- by calling 1-866-822-1483.

Your company will receive login information (unique secure user ID and Password) to access the TIRF REMS Access program website, and you will be contacted regarding the secure FTP site once your enrollment is complete.

The wholesaler/distributor understands that TIRF medicines are only available through the TIRF REMS Access program and acknowledges that they will comply with the following program requirements:

- 1. The wholesaler/distributor will ensure that relevant staff are trained on the TIRF REMS Access program procedures and will follow the requirements of the TIRF REMS Access program.
- 2. The wholesaler/distributor will ensure that TIRF medicines are only distributed to pharmacies whose enrollment has been verified in the TIRF REMS Access program.
- **3.** The wholesaler/distributor will provide complete unblinded and unblocked data (i.e., EDI 867 transmission) to the TIRF REMS Access program, including information on shipments to enrolled pharmacies.
- **4.** The wholesaler/distributor will cooperate with periodic audits or non-compliance investigations to ensure that TIRF medicines are distributed in accordance with the program requirements.

Authorized Representative Name* (please print):	Continued on page 2
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Authorized Wholesaler/Distributor Representative (*Required Fields)

Wholesaler/Distributor Enrollment Form

PAGE 2 OF 4

Signature*			Da	te
First Name*	Las	t Name*		
Phone Number*	Email*			
/holesaler/Distributor I	nformation (*Required Fie	lds)		
Corporate Wholesaler/Distrib	outor Name*		DEA Number*	
Address*				
City*		State*	ZIP*	
			 Email*	
	Fax Number* nmunication (please selec ailable at corporate enter N	*	Fax	please provid
referred Method of Confactor and available of distribution center	nmunication (please selec ailable at corporate enter N ers with their DEA numbers	/A for DEA nu] Fax □ Email	please provid
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For more information about TIRF medicines, please see Full Prescribing Information, including BOXED WARNINGS.



DC Information (cont'd)

Authorized Representative Name* (please print): _

PAGE 3 OF 4

DC Name		DEA Number	
Address			
City	State	ZIP	
Title	Contact First	and Last Name	
Fax Number	 Email		
DC Name		DEA Number	
Address			
City	State	ZIP	
Title	Contact First	and Last Name	
Fax Number	Email		
DC Name		DEA Number	
Address			
City	State	ZIP	
Title	Contact First	and Last Name	
Fax Number	Email		



DC Information (cont'd)

DC Name		DEA Number	
Address			
City	State	ZIP	
itle	Contact Firs	st and Last Name	
Fax Number	Email		
DC Name		DEA Number	
Address			
City	State	ZIP	
Title	Contact Fire	st and Last Name	
Fax Number	Email		
DC Name		DEA Number	
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City	State	ZIP	
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Authorized Representative Name	(please print)				
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